

Case Number:	CM15-0036896		
Date Assigned:	03/05/2015	Date of Injury:	10/05/2006
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36-year-old female, who sustained an industrial injury on 10/5/2006. The mechanism of injury was not provided for review. Diagnoses include cervicgia and cervical post laminectomy syndrome. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 2/2/2015 indicates the injured worker reported chronic neck pain that radiated total assistance he bilateral upper extremities with hand numbness. On 2/13/2015, Utilization Review non-certified the request for Lidoderm patches #60, Ambien 10 mg #60 and Maxalt 10 mg #60, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm patch quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had been on Lidoderm for several months for topical pain relief. Location of application, frequency, etc were not specified. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Ambien 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - pain chapter and insomnia- pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem is not medically necessary.

Maxalt 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and head chapter- triptans- pg 34.

Decision rationale: Maxalt is a triptan, which is indicated for migraine sufferers. In this case, there was mention of migraines and use of Maxalt but this was not noted under the diagnoses or medical history. In addition, the quality of the migraines, categorization, medication response, time/length of benefit and frequency of migraines were not specified. Based on lack of clinical details specifying the migraine type and medication utilization, the request to continue Maxalt is not medically necessary.

